

# Fetal Death Screening Tool

**Purpose:** Facilitate the review process of fetal deaths by the local FICMMR leader and to determine whether a full, fetal team review is needed.

**Process:**

1. Local FICMMR coordinator will receive notice of fetal death Vital Statistics monthly Death List.
2. Fetal death certificates will be sent from State FICMMR Coordinator to local FICMMR leader. Death certificates from the county clerk typically do not contain the complete medical information needed.
3. Local FICMMR Coordinator will screen all qualified fetal deaths that occur to county residents using the Fetal Death Screening Tool (attached). Then, based on screening results, the local FICMMR leader determines whether the fetal demise merits a FICMMR team review. This determination would be done on a case-by-case basis and at the professional discretion of the local FICMMR leader.
4. For complete fetal death reviews in counties where FICMMR team members do not have obstetric or neonatal experience, they should partner with counties who have this expertise on their FICMMR team for help. The screening tool will help identify major risk factors (both modifiable and non-modifiable) for preterm birth.
5. It is recommended that a full team review take place in deaths with any one of the following risk factors:
  - a. maternal smoking during pregnancy
  - b. maternal use of alcohol or illicit drugs during pregnancy
  - c. history of preterm delivery
  - d. late or no prenatal care
  - e. maternal pre-existing chronic conditions (hypertension, diabetes or obesity)
  - f. if after using screening tool the local FICMMR leader feels a full review is warranted due to lack of information or presence of risk factors

In these cases a complete FICMMR review should help to determine whether interventions/services are present in the community to help reduce these risk factors. This can lead to discussion on prevention efforts at the local level, which is a major goal of FICMMR. Fetal cases that go on to a full team review need to be entered into the online, Child Death Review System (CDR).

If a team review is not needed, please send completed Fetal Screening Tool to the Department by mail, email, or fax.

## Definition of Terms

**Fetal Death**--stillborn birth of fetus weighing at least 350 grams. Only if the weight is not known, do you rely on 20 weeks gestation period or higher to qualify as a fetal death. **Example:** a fetus at 340 grams and 20 weeks does not qualify as a fetal death, thus, no need to use the screening tool.

**Illicit Drug use**-- Maternal use of illicit drugs or any prescription-type psychotherapeutic (such as stimulants, sedatives, tranquilizers, and pain relievers) used non-medically during pregnancy.

**Fetal Death Screening**—Local FICMMR leader will use the Fetal Death Screening Tool to screen all qualified fetal deaths. Upon screening completion, the local leader determines if a team review is merited.

**Full, Fetal Team Review**—the review of a death by the local multidisciplinary FICMMR team using the CDR system.

**Late Entry to Prenatal Care**—maternal entry to prenatal care occurred after 12 completed weeks of pregnancy.

## FETAL DEATH SCREENING TOOL

Date of Death: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
MM DD YYYY

Death Certificate Number: \_\_\_\_ - \_\_\_\_

County of Maternal Residence: \_\_\_\_\_ County of Death: \_\_\_\_\_

<b><i>Environmental Factors-Maternal</i></b>	<b><u>Please circle best answer</u></b>		
1. <b>Mother smoked/used tobacco products during pregnancy</b>	Yes	No	Unknown
2. Non-smoking mother exposed to second hand cigarette smoke during pregnancy	Yes	No	Unknown
3. <b>Maternal use of illicit drugs or any prescription-type psychotherapeutic medication used non-medically during pregnancy</b>	Yes	No	Unknown
4. <b>Maternal use of alcohol during pregnancy</b>	Yes	No	Unknown
5. Homeless during pregnancy	Yes	No	Unknown
6. Mother experienced domestic violence during pregnancy	Yes	No	Unknown
<b><i>Prenatal or Maternal Medical History</i></b>			
1. <b>Maternal history of previous preterm delivery</b>	Yes	No	Unknown
2. Maternal history of difficulty conceiving	Yes	No	Unknown
3. Maternal history of previous fetal loss	Yes	No	Unknown
4. Was labor induced in this pregnancy?	Yes	No	Unknown
5. Was this a C-section delivery?	Yes	No	Unknown
6. <b>Late entry or no prenatal care?</b>	Yes	No	Unknown
7. <b>Maternal hypertension before pregnancy (chronic hypertension)</b>	Yes	No	Unknown
8. <b>Pregnancy induced maternal hypertension</b>	Yes	No	Unknown
9. <b>Maternal diabetes before pregnancy</b>	Yes	No	Unknown
10. <b>Developed gestational diabetes with this pregnancy</b>	Yes	No	Unknown
11. <b>Maternal obesity</b>	Yes	No	Unknown
12. Maternal age <19 or >35	Yes	No	Unknown
<b><i>Pregnancy Outcome</i></b>			
1. Multiple birth	Yes	No	Unknown
2. Congenital Anomaly not compatible with life	Yes	No	Unknown
3. Placental or cord problems	Yes	No	Unknown
4. Fetal gestational age 20-24 weeks	Yes	No	
5. Fetal gestational age 25-31	Yes	No	
6. Fetal gestational age 32-37	Yes	No	
7. <b>Fetal gestational age &gt;37 weeks</b>	Yes	No	

Full FICMMR team review needed?

Yes

No

**Note: A full team review is recommended if the answer to any of the bolded items is "Yes."**